PREVENTION, SAFETY AND HEALTH PROMOTION COUNCIL (PSHPC) CHARTER

I. ESTABLISHMENT, PURPOSE AND SCOPE

A. ESTABLISHMENT

The Secretary of Defense establishes the Prevention Safety and Health Promotion Council (PSHPC), herein referred to as the Council. The Charter delineates the Council's membership, and specifies the scope of activities.

B. PURPOSE

The Council will advance health and safety promotion and injury/illness prevention policy initiatives that are consistent with Department of Defense (DoD) readiness requirements and the Military Health System Strategic Plan goal of "A Constantly Fit and Ready Force; and Healthy Communities at Home and Abroad, in Peacetime and in Conflict."

C. SCOPE OF ACTIVITY

The PSHPC shall:

- 1. Recommend uniform, comprehensive, health and safety promotion and injury/illness prevention policies and programs, predicated on documented best practice where available, that when implemented consistently throughout DoD will measurably improve the health and safety status of individuals and populations.
- 2. Involve medical, line, and community leaders and organizations to create a wellness and preservation of human resources culture throughout DoD.
- 3. Seek ways to involve DoD personnel, family members, retirces, and other beneficiary groups in their co-responsibility for health, fitness, and wellness.
- 4. Ensure successful deployment of "Put Prevention into Practice" (PPIP) and related programs.
- 5. Recommend methods to ensure the successful deployment of the Health Enrollment Accessment Review (HEAR).
- 6. Seek research for improvement of human performance, health and safety education standards/procedures, and personal protective and monitoring equipment.

- 7. Ensure effective, DoD system-wide communication of all approved health promotion and injury/illness prevention policies and implementation instructions.
- 8. Promote Operational Risk Management as a means of improving mission success and preserving human and physical resources throughout DoD.

II. ORGANIZATION

A. The PSHPC shall consist of an Executive Council and committees (task forces and work groups) appointed by the Council. Additionally, these PSHPC committees will interface and coordinate with other DoD groups, which are currently involved with safety and occupational health policy formulation and program requirements. Each PSHPC committee formed under this Council will submit a charter to the Council for approval. These charters will receive an annual review by the Council.

These PSHPC committees (task forces and work groups) include:

- 1. Put Prevention In Practice (PPIP) Program Implementation Advisory Committee
- 2. Joint Preventive Medicine Policy Group (JPMPG)
- 3. Alcohol Abuse/Tobacco Use Reduction Committee (AATURC)
- 4. Health Enrollment Assessment Review (HEAR) Program Implementation Advisory Committee
- 5. Sexually Transmitted Disease Prevention Committee (STDPC)
- 6. Injury/Occupational Illness Prevention Committee (IOPC), to include peacetime and contingency operations.
- B. The Under Secretary of Defense for Personnel and Readiness, USD(P&R), is responsible for naming the Chair of this Council. The nominative process will be through the Service Secretariats, who will then forward their nominees to USD(P&R) for final selection. The duration of the Chairmanship will be for two years.
- C. The Executive Council shall have overall responsibility for the development and implementation of the Health and Safety Promotion and Injury/Illness Prevention Committee. The Executive Council shall consist of senior representatives from the following offices:

Assistant Secretary of Defense (Health Affairs)
Assistant Secretary of Defense (Force Management Policy)
Deputy Under Secretary of Defense (Environmental Security)
Deputy Assistant Secretary of Defense (Clinical and Program Policy (C&PP))

Assistant Secretary of the Army (Manpower and Reserve Affairs)

Assistant Secretary of the Army (Installations Logistics and Environment)

Army Surgeon General

Director of Army Safety

Army Deputy Chief of Staff for Personnel (Director of Human Resources)

Assistant Secretary of the Navy (Manpower and Reserve Affairs)

Navy Surgeon General

Chief of Naval Personnel

Director of Navy Safety and Survivability

Assistant Secretary of the Navy (Installations and Environmental)

Headquarters Marine Corps (Manpower and Reserve Affairs)

United States Marine Corps Safety

Assistant Secretary of the Air Force (Manpower Reserve Affairs Installations and Environment)

Peputy Assistant Secretary of the Air Force (Environmental Safety and

Occupational Health)

Air Force Surgeon General

Chief of Air Force Safety

Air Force Deputy Chief of Staff/Personnel

Ad hoc:

ASD(HA), C&PP, Director, Health Promotion & Prevention Policy TRICARE Management Activity PSHPC Committee Chairperson Appointees Office of General Counsel Uniformed Services University of the Health Sciences

III. PROCEDURES

- A. The Chair will convene the Executive Council as needed and at least once per quarter. All committees (task force and work groups) shall keep the PSHPC current on all actions.
- B. The PSHPC Chair will regularly brief the MHS Executive Committee on all actions and recommendations.
- C. The PSHPC Chair will report for the Council to ASD(HA) who in turn will report to USD(P&R), USD(A&T) as appropriate, and to the SECDEF through the DEPSECDEF as appropriate.
- D. Budgetary requirements and administrative support will be coordinated with the Deputy Assistant Secre of Defense (realth Affairs)/(Health Budgets and Financia, Policy).

E. The PSHPC Chair will ensure that communication of all activities will occur throughout DoD. A secretary shall be appointed by the Chair to maintain historical documentation of accomplishments and recommendations.

F. The PSHPC will be operated in accordance with DoD Directive 5105.18, "DoD Committee Management Program," February 8, 1999.

IV. DELIVERABLES

The PSHPC will identify beneficial initiatives on a prioritized basis of effectiveness, and recommend associated policies and programs for DoD.

V. DURATION OF COMMITTEE

The Charter will be reviewed every two years to coincide with the appointment of the new Chair. The next revision will be scheduled for January 2001.

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